

**Department of Higher Education
Proprietary School Certification Program
PO Box 1469
Jefferson City, Missouri 65102
Phone (573) 751-2361
FAX (573) 751-6635**

RECERTIFICATION WORKSHOP REGISTRATION

**Governor Office Building
200 Madison St., Room 450
Jefferson City, Missouri
Friday, February 18, 2011
10:00 a.m. – 3:00 p.m.**

Name of Participant _____

Name of Participant _____

Name of Participant _____

School Represented _____



School Location _____

** Parking pass will be mailed to the location provided above*

Suggested Topics for Discussion

**There are a limited number of parking passes available; they will be mailed to the first twenty five schools registered.*

If you want to fax or mail this registration and would like a confirmation, please provide us your e-mail address here: _____

****  THERE IS NO CHARGE FOR THIS WORKSHOP  ****
(Lunch will be on your own)

Submit by February 11, 2011
(Submit one form for each school location)